DEPARTMENT OF HEALTH SERVICES

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March 9, 1987

CMSP Letter

To: All County Welfare Directors

CMSP Forms - Spanish Versions

This letter transmits to you camera-ready copies of the new Spanish versions of the following CMSP forms:

0	CMSP 176 S (11/82)	CMSP Status Report
0	CMSP 210 (11/82)	County Medical Services - Attachment
	·	to the MC 210
0	CMSP 216 (1/85)	CMSP - Rights of Persons Requesting CMSP
0	CMSP 217 (1/85)	CMSP Responsibility Checklist
0	CMSP 239 A (11/82)	CMSP - NOA - Denial/Discontinuance of
		Benefits
0	CMSP 239 B-M (11/82)	CMSP - NOA - Approval for Benefits
0	CMSP 239 C (6/85)	CMSP - NOA - Increase in Share of Cost
0	CMSP 239 D (11/82)	CMSP - NOA - Application for Retroactive
	,	Eligibility
0	CMSP 239 G (11/82)	CMSP - NOA - Spenddown of Property
0	CMSP 239 I (11/82)	CMSP - NOA - Discontinuance of Benefits
	•	Status Report Not Received or Not
		Complete
0	CMSP 239 R (11/82)	CMSP - NOA - Discontinuance Notice -
	•	Deceased Persons
0	CMSP 239 U (11/82)	CMSP - NOA - Utilization of Property
0	CMSP 239 V (11/82)	CMSP - NOA - Utilization of Business
	, ,	Property
0	CMSP 1153 (8/86)	CMSP/Medi-Cal Linkage Evaluation
0	CMSP 1175 (7/86)	CMSP Medical Care Hearing Request
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These reflect the need of many CMSP counties for Spanish versions of forms used at the time of application, when eligibility is determined, and when any changes are made in a beneficiary's eligibility status or share of cost.

Upon receipt of this letter, the county is responsible for the immediate reproduction of an adequate supply of these forms, using the camera-ready copies enclosed.

If you have any questions concerning these forms, please contact Sherrie Ivec of the CMSP Unit at (916) 324-2151.

Sincerely.

Jim Martinez, Chief

County Medical Services Unit County Health Services Branch

Enclosures SI:tn